

2012

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF DEATH
County Graham
District
Town
Or City Pima

ORIGINAL CERTIFICATE OF DEATH

State Index No. 72
County Registered No. 101
Local Registrar's No. 99

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
FULL NAME Thomas M. Holladay

PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race White Indian Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH Sept 2 1836
(Month) (Day) (Year)
AGE 85 yrs. 3 mos. 8 days If less than 1 day
hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Alabama

NAME OF FATHER John Holladay

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Catharine Buckley

BIRTHPLACE OF MOTHER (State or country) unknown

The Above Is True to the Best of My Knowledge
(Informant) F. H. Holladay

(Address) Pima Ariz

PLACE OF BURIAL OR REMOVAL Pima Cemetery

DATE OF BURIAL OR REMOVAL Dec 12 1921

UNDERTAKER Address

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10 1921
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw h. alive on 191, and that death occurred on the date stated above at 8 AM. The DISEASE or INJURY causing

Death was as follows: Probable from old age
No Resection attending
(Duration) yrs. mos. days

Was disease contracted in Arizona? Yes

If not, where? Yes

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) J. M. Stollers Health Officer
1110 1922 (Address) 1110 1922

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death yrs. mos. ds. In Arizona yrs. mos. ds.

Former or Usual Residence Same home

Filed 1-5-22 Alma Burns
Local Registrar.

County Registrar.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.